



Membership Application

Organization: _____

New Member Name: _____

New Member Job Title: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Ph: () _____ Cell: () _____

E-mail Address: _____ Website: _____

Membership is based on an annual membership from January 1 – December 31 each year. However, if application is received after Oct. 1, membership benefits shall extend to the end of the following calendar year.

Membership Classification:

DIVISION I:

- A.** Public Agencies, Industrial Users, and Water Suppliers (includes 1 primary member and 5 additional 1B or 3A members) *please list additional members names, titles, and contact information:* \$360
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- B.** Operator Individual Membership (if Certified, please provide information) \$60
 State: _____ Type: _____ Level: _____ Certification #: _____

DIVISION II:

- A.** Manufacturers, Suppliers, and Consulting Firms (includes 1 primary member and 3 additional 3B members) *please list additional members names, titles, and contact information:* \$480
1. _____
 2. _____
 3. _____
- B.** Small Firms (Fewer than 5 employees) (includes 1 primary member and 1 additional 3B member) *please list additional members names, titles, and contact information:* \$240
1. _____

DIVISION III:

- A.** Individual employed by a Public Agency who is not an Operator \$60
- B.** Affiliate of Division 2 \$120
- C.** Other Interested Individuals (not affiliated with any organization) \$150
- D.** Full-Time Student/Intern (must submit proof along with application) \$25

Please indicate which committees you would be interested in serving on:

- | | |
|--|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Membership | <input type="checkbox"/> I am interested in running for a position on the NWMOA Board of Directors |
| <input type="checkbox"/> Operator Certification | <input type="checkbox"/> I am interested in presenting at a Symposium, Workshop, or MOC, or hosting an event my facility |
| <input type="checkbox"/> Program/Technology Transfer | |
| <input type="checkbox"/> Publications/Newsletter | |
| <input type="checkbox"/> Public Relations | |

For Security Purposes, NWMOA encourages you to use the Easy Online Application. Secure Credit Card and eCheck Payment Processing Now Available at: www.nwmoa.com

Please refer to [NWMOA's Privacy Policy](#) if you have any questions regarding your preferences.